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Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address	FOR COURT USE ONLY				
Nexus Bankruptcy Benjamin Heston 3090 Bristol Street #400 Costa Mesa, CA 96626					
Phone: (949) 312-1377 Email: ben@nexusbk.com					
Bar Number: 297798 Attorney for Debtor					
☐ Debtor(s) appearing without an attorney ✓ Attorney for Debtor(s)					
	NKRUPTCY COURT ALIFORNIA - SAN FERNANDO VALLEY DIVISION				
In re: Scott M Beckley	CASE NO.: CHAPTER: 7				
Michelle K Beckley	DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE				
	[11 U.S.C. § 521(a)(1)(B)(iv)]				
Debtor(s).	[No hearing required]				
Debtor(s) provides the following declaration(s) as to whether income was bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B) Declaration of Debtor 1 1.	(iv):				
During the 60-day period before the Petition Date (Check of	only ONE box below):				
	atements of earnings, pay stubs, or other proof of employment income I the Debtor's social security number or bank account is on a pay stub or the number(s) before filing this declaration.)				
✓ I was not paid by an employer because I was either self	-employed only, or not employed.				
Date: 07/22/2025 Scott M Beckley					
Printed name of Debtor 1	Signature of Debtor 1				

This form is mandatory. It has been approved for use by the United States Bankruptcy Court for the Central District of California.

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Declaration of Debtor 2 (Joint Debtor) (if applicable)

2.	I am Debtor 2 in this case, and I declare under penalty of perjury that the following	g information is true and correct:
	During the 60-day period before the Petition Date (Check only ONE box below	<u>v</u>):
	I was paid by an employer. Attached are copies of all statements of earning received from my employer during this 60 day period. (If the Debtor's social so ther proof of income, the Debtor must cross out (redact) the number(s) before	security number or bank account is on a pay stub or
	I was not paid by an employer because I was either self-employed only, or	not employed.
Date:	07/22/2025 Michelle K Beckley	Muld Pass

Signature of Debtor 2

Printed name of Debtor 2

ASCENSION LUCTUS ASCENSION LUCTURE AN SCHOOL Doc 5 Filed 07/22/25 Entered 07/22/25 15:54:52 Desc Main Document Page 3 of 4 Document Page 3 of 4

1600 E Hillcrest Drive Thousand Oaks, CA 91362 8054950406 EIN: 95-2243400

Date 05/23/2025 Amount \$455.47

DirDep

Pay

To The Order Of MICHELLE BECKLEY 6756 PHEASANT LANE OAK PARK, CA 91377

- THIS IS NOT A CHECK DO NOT CASH -

ASCENSION LUTHERAN CHURCH & SCHOOL

ASCENSION LUTHERAN SCHOOL 1600 E Hillcrest Drive

Thousand Oaks, CA 91362

8054950406 EIN: 95-2243400

MICHELLE BECKLEY 233632

Pay Period: 05/05/2025 - 05/18/2025

	Department		Hours	Units	Rate	Amount	YTD Hours	YTD Units	YTD Amount
<u>Earnings</u>									
Regular	2200 - ALS Aide		25.80		\$19.00	\$490.20	388.14		\$7,374.66
Sick	2200 - ALS Aide		0.50		\$19.00	<u>\$9.50</u>	11.50		<u>\$218.50</u>
		Total	26.30	0.00		\$499.70	399.64	0.00	\$7,593.16
<u>Taxes</u>									
Federal							\$0.00		\$0.00
CA State							\$0.00		\$43.69
Social Security	6.20%						\$30.98		\$470.78
Medicare	1.45%						\$7.25		\$110.11
CA CA Disability							<u>\$6.00</u>		<u>\$91.11</u>
		Total					\$44.23		\$715.69
		Net Pay					\$455.47		\$6,877.47
				TT	**	**			
<u>Accruals</u>				Hours Used	Hours Accrued	Hours Used YTD	Hours Accrued YTD		Hours Available
Sick Minimum				0.50	0.00	11.50	0.00		0.00
Direct Deposit Info	Routing	Account			Amount				
Checking	322274158	******	*0807		\$455.47				

Total Net Pay: \$455.47

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DirDep

Amount

1600 E Hillcrest Drive Thousand Oaks, CA 91362 8054950406 EIN: 95-2243400

Date 06/20/2025

\$860.38

Pay

To The MICHELLE BECKLEY Order Of 6756 PHEASANT LANE OAK PARK, CA 91377

- THIS IS NOT A CHECK DO NOT CASH -

ASCENSION LUTHERAN CHURCH & SCHOOL ASCENSION LUTHERAN SCHOOL

1600 E Hillcrest Drive Thousand Oaks, CA 91362

8054950406 EIN: 95-2243400

MICHELLE BECKLEY 233632

Pay Period: 06/02/2025 - 06/15/2025

ъ.	Department		Hours	Units	Rate	Amount	YTD Hours	YTD Units	YTD Amount
<u>Earnings</u>									
Regular	2200 - ALS Aide		50.15		\$19.00	\$952.85	483.18		\$9,180.42
Sick	2200 - ALS Aide						<u>11.50</u>		<u>\$218.50</u>
		Total	50.15	0.00		\$952.85	494.68	0.00	\$9,398.92
<u>Taxes</u>									
Federal							\$0.00		\$0.00
CA State							\$8.14		\$58.87
Social Security	6.20%						\$59.08		\$582.74
Medicare	1.45%						\$13.82		\$136.30
CA CA Disability							<u>\$11.43</u>		<u>\$112.77</u>
		Total					\$92.47		\$890.68
		Net Pay					\$860.38		\$8,508.24
		Net Fay					3000.30		\$0,500.24
Accruals				Hours Used	Hours Accrued	Hours Used YTD	Hours Accrued YTD		Hours Available
Sick Minimum				0.00	0.00	11.50	0.00		0.00
Direct Deposit Info	Routing	Account			Amount				
Checking	322274158	******	*0807		\$860.38				

Total Net Pay: \$860.38